

U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, DC 20210

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. File Number U - <b>4353</b>                                                                                                                                                                                  | 2. Fiscal Year Covered From:<br><b>1/1/04</b> Through <b>12/31/04</b>                                                                                                                                                                                                                                                 |
| 3. Name and address of person filing.<br>Name <b>JAMES A. HANSEN</b><br>P.O. Box, Bldg., Room No., if any<br>Street <b>6816 EVERS BLVD</b><br>City <b>Cheyenne</b><br>State <b>WY</b> ZIP Code + 4 <b>82009</b> | 4. Name, file number, and address of labor organization.<br>Name <b>Construction &amp; General Laborers 16041271</b><br>Labor Organization File Number <b>00031</b><br>P.O. Box, Building and Room Number, if any<br>Street <b>1021 W. 23 ST</b><br>City <b>Cheyenne</b><br>State <b>WY</b> ZIP Code + 4 <b>82009</b> |
| 5. Position in labor organization.<br><b>International Representative</b>                                                                                                                                       |                                                                                                                                                                                                                                                                                                                       |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

|                                                                                                                                                                             |                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 6. Name and address of Employer (including trade name, if any).<br>Name<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4 | 7 a. Nature of Interest, Transaction, or Income.<br>7.b. Amount. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*James A. Hansen*

On

**5/14/05**

**307-632-1560**

Name of Person Filing JAME A. HAUSEN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Laborers Health & Safety Fund

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 905 16th Street Northwest

City Washington

State District of Columbia ZIP Code - 4 20006

9. Business deals with.

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any

P.O. Box, Bldg., Room No. if any

Street

City

State ZIP Code - 4

11.a. Nature of such dealing

Lunch Meeting with Doug Buman  
Non Signatory Contractors  
Provides health and safety assistance  
to related funds & signatory employers

11.b. Approximate dollar value of such dealing 28,86

12.a. Nature of interest held or income received

lunch